MARYLAND HOUSING FUND

Maryland Department of Housing and Community Development 100 Community Place, 3rd Floor Crownsville, Maryland 21032 (410) 514-7316

APPLICATION FOR MORTGAGE INSURANCE

I I	Property to be Insured:
	CDA Reservation Number:
Mortgagee's Authorized Representative:	
Name: Phone: E-Mail:	Title: Fax:
Borrower's Name:	Co-Borrower's Name:
Social Security Number:	Social Security Number:
Type of First Mortgage Insurance Requested: Loan Term: years	
	Amount \$ Finance Premium? () Yes ()No mium \$ Cash Premium \$
2. () Loan () Grant Loan/Grant Amount () Deferred () Amortizing Term	yrs
() Deferred () Amortizing Term The following must be submitted, in the order 1. MHF Application for Mortgage Insurance 2. Underwriting Certification;	
() Deferred () Amortizing Term	indicated below, with this Application: signed by Lender; inal FNMA Uniform Residential Loan Application OE and/or 2 paystubs and 2 W2s); D and/or 2 months bank statements); Factors with documentation, if applicable; aisal must be submitted via e-mail and a hard copy in

Maryland Housing Fund.

